

STATEMENT OF ORGANIZATION		OFFICE USE ONLY									
1. Name and Address of Committee LEADERSHIP FOR LOUISIANA 106 Treehaven Boulevard Lafayette, LA 70506 Check If: New Committee <input type="checkbox"/>	2. Date of this Statement <div style="text-align: center;">1/8/2015</div> 3. Estimated Membership <div style="text-align: center;">0</div> 4. Amended Statement? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	Report Number: 46167 Date Filed: 1/8/2015									
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Position</u></td> <td style="width: 33%;"><u>c. Address</u></td> </tr> <tr> <td>CHAIRPERSON MICHAEL MICHOT, MR.</td> <td>Chairperson</td> <td></td> </tr> <tr> <td>JOEL ROBIDEAUX</td> <td>Treasurer</td> <td>, LA 106 Treehaven Blvd. use same address for chairperson Lafayette, LA 70503</td> </tr> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	CHAIRPERSON MICHAEL MICHOT, MR.	Chairperson		JOEL ROBIDEAUX	Treasurer	, LA 106 Treehaven Blvd. use same address for chairperson Lafayette, LA 70503
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CHAIRPERSON MICHAEL MICHOT, MR.	Chairperson										
JOEL ROBIDEAUX	Treasurer	, LA 106 Treehaven Blvd. use same address for chairperson Lafayette, LA 70503									
6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> <td style="width: 33%;"><u>c. Relationship to Committee</u></td> </tr> </table>			<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>						
<u>a. Name</u>	<u>b. Address</u>	<u>c. Relationship to Committee</u>									
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><u>a. Name</u></td> <td style="width: 33%;"><u>b. Address</u></td> </tr> </table> <p style="text-align: center;">On attached sheet</p>			<u>a. Name</u>	<u>b. Address</u>							
<u>a. Name</u>	<u>b. Address</u>										
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: <input type="checkbox"/> Principal Campaign Committee <input checked="" type="checkbox"/> <u>X</u> Subsidiary Committee											
b. Name of Candidate	c. Office Sought by the Candidate										
9. a. Name of Person Preparing Report COMMITTEE TREASURER JOEL C. ROBIDEAUX b. Daytime Telephone (337)981-5555											
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>8th</u> day of <u>January</u> , <u>2015</u> . <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> <u>Michael Michot Mr.</u> Signature of Committee/Chairperson </td> <td style="width: 40%;"> _____ Daytime Telephone </td> </tr> <tr> <td> <u>Joel Robideaux</u> Signature of Committee Treasurer, if any </td> <td> _____ Daytime Telephone </td> </tr> </table>			<u>Michael Michot Mr.</u> Signature of Committee/Chairperson	_____ Daytime Telephone	<u>Joel Robideaux</u> Signature of Committee Treasurer, if any	_____ Daytime Telephone					
<u>Michael Michot Mr.</u> Signature of Committee/Chairperson	_____ Daytime Telephone										
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7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

MIDSOUTH BANK

b. Address

P O Box 3745
Lafayette, LA 70502